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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10864

FILED MAR 18 1946

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 2088

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5330 Pershing /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Doc.
(c) City or town St Louis 12/17
(If outside city or town limits, write "RURAL")
(d) Street No. 5330 Pershing 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Atkinson Baird
3. (b) If veteran, name war
3. (c) Social Security No. 489-20-6099

4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nell Baird
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Feb. (Month) 26 (Day) 1870 (Year)

8. AGE: Years 76 Months 0 Days 5 If less than one day hr. min.

9. Birthplace Roxboro (City, town, or county) North Carolina (State or foreign country) /
10. Usual occupation Salesman
11. Industry or business Coffee-spices

FATHER
12. Name Nathanial Baird
13. Birthplace Roxboro (City, town, or county) North Carolina (State or foreign country) /

MOTHER
14. Maiden name Agnes Atkinson
15. Birthplace Petersburg (City, town, or county) Virginia (State or foreign country) /

16. (a) Informant Mrs Noel Kerth
(b) Address 142 N. Central-Clayton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Louis H. Bonp, Inc.
(b) Address Kirkwood, Mo.
19. (a) MAR 4 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st year 1946 hour 6 minute 15 P. M.
21. I hereby certify that I attended the deceased from , 19..., to , 19...;
that I last saw h... alive on , 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Carcinoma of lungs ?
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) Chr. myocarditis

Major findings:
Of operations
Of autopsy Same

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature A. J. Signorelli (M. D. or other) MD
Address 2801 N. Taylor Date signed 3/1/46

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

9276

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....Felix Durand.....

Licensed Embalmer No.....3034.....

P. O. Address.....Kirkwood Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.